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ABSTRACT

The Wisconsin Birth to 3 Program is a comprehensive, statewide system of community-based, family-centered services for young children and their families. This annual report of the Governor's Birth to 3 Interagency Coordinating Council details activities of the Wisconsin Birth to 3 Program for the period October 1, 1997 through September 30, 1998 and presents program evaluation information at the state and local level. Section 1 of the report presents the guiding principles directing planning and program decisions of the state's early intervention system and briefly describes the system and its organization. Section 2 presents highlights of the Birth to 3 Program activities, including the Self-Study Report in preparation for a monitoring visit from the U.S. Department of Education, local program reviews, Wisconsin's Birth to 3 Mediation System, child count data, and personnel development and training. Section 3 of the report focuses on the activities of Wisconsin's Interagency Coordinating Council, including strategic planning, the council structure, new council members, and community forums. (KB)

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Birth to 3

Annual Report

October 1, 1997- September 30, 1998

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Wisconsin Department of Health and Family Services

State of Wisconsin Interagency Coordinating Council

September 15, 1999

Tommy G. Thompson
Governor
115 East Capitol
Executive Offices
Madison, Wisconsin 53703

Joe Leean
Secretary
Department of Health and Family Services
1 West Wilson Street
Madison, Wisconsin 53703

Dear Governor Thompson and Secretary Leean:

The Governor's Birth to 3 Interagency Coordinating Council is pleased to submit to you the Annual Report for the period from October 1, 1997 through September 30, 1998. In addition to informing you of the year's activities in the program, this report has a special focus on program evaluation, both at the state and at the local level.

Highlights of the activities of the Birth to 3 Program in Wisconsin are included in this Annual Report. Also described are the activities of the Birth to 3 Interagency Coordinating Council and the Department of Health and Family Services during this grant period. Activities of the Council were shaped by goals the Council established the previous year. Activities of the Department include extensive personnel development and training activities and special projects and public awareness activities to ensure that all families in Wisconsin know about and have access to the program.

Birth to 3 is a collaborative effort between counties, parents, local providers, the Interagency Coordinating Council and state agencies. Working together, we are making it possible to expand and improve the services available to Wisconsin infants and toddlers who have disabilities and their families.

Sincerely,

C.W. King
Chair

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Guiding Principles

In December of 1988, the Interagency Coordinating Council adopted a set of "Guiding Principles." The "Principles" are our guide to the future. They direct our planning and program decisions. As the early intervention system grows and develops, its success should be measured by the success with which we are able to realize these principles.

Children's optimal development depends on their being viewed first as children and second as children with a problem or disability. All children have the same basic needs for acceptance, affection, nurturing and security. The system should encourage the integration of children with disabilities with children who do not have disabilities. The developmental, social, emotional and physical needs of all children must be considered in the delivery of any service. We must always ask ourselves, are we considering the whole child or just one facet of the child?

Children's greatest resource is their family. Children are best served within the context of family. Young children's needs are closely tied to the needs of their family. Both must be met to adequately serve the child. The nurturing, love, and commitment of a family cannot be replaced by any array of services. The best way to support children and meet their needs is to support and build upon the individual strengths of their family. The Individualized Family Service Plan (IFSP) focuses on how the system can support the "whole" family, its cultural values, strengths, and needs.

Parents are partners in any activity that serves their children. Parents or primary caregivers have a unique understanding of their children's needs. They are the primary teachers of their children. They have the special bond of kinship and commitment that no professional will ever have. They must be given the opportunity and encouragement to be a part of the decision-making process and empowered so that they are a partner in the services developed for their child.

Just as children are best supported within the context of family, the family is best supported within the context of the community. Families depend on the positive relationships they make through the formal and informal networks in the community. Community resources should be open and able to respond to all families. Successful supportive services value the integrity of the family, its unique needs and cultural heritage, and provide a link to traditional community resources.

Professionals are most effective when they can work as a team member with parents and others. This requires flexibility and openness, joint training experiences, shared views of infant and family development, and commitment to team cooperation. The abilities of a variety of individuals, both paid and volunteer, to teach, assist, and develop relationships which help families must be recognized and promoted.

Collaboration is the best way to provide comprehensive services. No single agency is able to provide all services to all children and families. Cooperation and shared responsibility are necessary components of a service system that is able to meet the varied needs of children and families. Just as agencies must establish partnerships at the local level, the state must assume a role as a partner with local communities to enhance our mutual ability to serve young children with disabling conditions and their families.

Early intervention enhances the development of children. Early intervention is appropriate for children and families. It is often cost efficient and effective for society and the taxpayer. The goals of early intervention are to: enhance the capacity of families to meet the special needs of their child, maximize the potential for independent living, and reduce costs to our society.

Section I: Introduction

Birth to 3 The Birth to 3 Program is a comprehensive, statewide system of community-based, family-centered services for young children and their families. The program is designed to assist families in meeting the developmental needs of their infants and toddlers with developmental delays or disabilities. The Department of Health and Family Services (DHFS) is the lead agency for this interdisciplinary program that brings together resources from the fields of education, health, and social services to meet the unique needs of these young children and their families.

In Wisconsin, services are provided at the local level through the county system of government. Each of the 72 counties has identified an Administrative Lead Agency that is responsible for the program. Most of the counties have the Community Board or Human Service Agency as the administrative lead. Four counties have the local Public Health Agency as the administrative lead.

In all the counties, the Community Boards, Human Service Departments, Public Health Agencies, and local school districts work closely together to provide needed services. Such a system is cost-effective because it maximizes the use of community resources, assures shared responsibility among local agencies, avoids duplication of financial and human resources, and, most importantly, provides needed services to children and their families.

It has now been six years since Wisconsin began full implementation of the Birth to 3 Program in October of 1992. With the reauthorization of the Individuals with Disabilities Education Act (IDEA) in the fall of 1997, the focus of the Early Intervention Program for Infants and Toddlers (Part C of IDEA) has shifted from planning and development of the system to maintenance and improvement of the system.

A primary means for ensuring the quality of our early intervention system is through ongoing evaluation and improvement efforts. Beginning in September of 1997, the Wisconsin Birth to 3 Program implemented its Program Review Process. This process looks at how county lead agencies implement the components of the Birth to 3 Program. The ultimate goal of the Program Review Process is to provide a framework for continuous improvement of local Birth to 3 systems.

We also began to evaluate the statewide system with a process called the Self-Study. The ***Part H Self-Study Instrument***, developed by the U.S. Department of Education, Office of Special Education Programs (OSEP), served as a framework for evaluating the implementation of the state's early intervention system. The *Wisconsin Birth to 3 Self-Study* was initiated in September of 1997, in preparation for our first monitoring visit from OSEP. OSEP administers IDEA and oversees the implementation of early intervention programs by supervising and monitoring state compliance with federal rules and regulations. OSEP was scheduled to visit Wisconsin in early November of 1998 and the completion of the Self-Study was required in advance of that visit.

This Annual Report provides information on the current status of the early intervention service system in Wisconsin and summarizes the activities of the Governor's appointed Interagency Coordinating Council and the Department of Health and Family Services during the year October 1, 1997 through September 30, 1998. A special focus of this report is to highlight the state and local evaluation efforts of the Birth to 3 Program, including significant findings, common trends and commendable practices discovered by the review and self-study teams over the past year.

Section II: Highlights of Birth to 3 Activities

October 1, 1997 through September 30, 1998

Birth to 3 Program Self-Study Report

Overview

The Self-Study of the Birth to 3 Program was initiated in September of 1997, in preparation for a monitoring visit from the U.S. Department of Education, Office of Special Education Programs (OSEP), the federal agency that administers the Individuals with Disabilities Education Act (IDEA). The federal *Part H Self-Study Instrument* (October, 1995) provided the framework for Wisconsin's Birth to 3 Self-Study. A Self-Study Committee was formed to represent consumers and providers across the state. The committee reviewed the state's achievements in implementing the 16 minimum components required of the state system and examined how effective the state had been in capacity building and administration of the early intervention system and in capacity building and empowerment of families.

16 Minimum Components of the Statewide System

1. State's eligibility criteria and procedures
2. Central Directory
3. Timetable for serving all eligible children
4. Public Awareness Program
5. Comprehensive child find system
6. Evaluation, assessment, and nondiscriminatory procedures
7. Individualized family service plans (IFSPs)
8. Comprehensive system of personnel development (CSPD)
9. Personnel standards
10. Procedural safeguards
11. Supervision and monitoring of programs
12. Lead agency procedures for resolving complaints
13. Policies and procedures related to financial matters
14. Interagency agreements; resolution of individual disputes
15. Policy for contracting or otherwise arranging for services
16. Data collection

Capacity Building and Empowerment of the Birth to 3 System

1. Development and Implementation of Policies
2. Interagency Collaboration
3. Resolution of Interagency Conflicts
4. Coordination of the Service System at the State or Local Level
5. Comprehensive System of Personnel Development (CSPD)
6. Services and Personnel
7. Knowledge About, and Access to, Different Funding
8. Use of Funds
9. Family-Focused Philosophy In Policy Development
10. Data Collection

Capacity Building and Empowerment of Families

1. Outreach to Families
2. Child and Family Evaluation and Assessment Practices
3. Family-Focused Philosophy In Service Coordination
4. Communication With Families
5. Individualized Family Service Plans (IFSPs)
6. Coordination of Early Intervention Services for Families
7. Family Understanding and Use of Procedural Safeguards
8. Resolution of Conflicts
9. Transitions of Child/Family From Part C to Other Services

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The Self-Study Committee distributed two surveys, one to parents of children currently in the Birth to 3 program, and one to providers of early intervention services. A random sample of 429 Birth to 3 families, representative of the Birth to 3 population in the state, received the State Early Intervention Program Review Survey for Family Members. An expanded survey entitled State Early Intervention Program Review Survey was sent to 524 providers, including: county Birth to 3 program coordinators; service coordinators; directors of provider agencies; ICC members; selected state staff; public health agency directors; special education directors; and randomly selected service providers. Surveys were returned by 57% of the families and 54% of the providers.

Results of the program review surveys from both providers and families indicate that there is a high level of satisfaction with the state's implementation of what is now Part C of the Individuals with Disabilities Education Act. The mean score for each capacity area fell between highly satisfied (1) and satisfied (2) on the survey's four point scale [(1) highly satisfied to (4) highly dissatisfied] with the exception of the two capacity areas that related to funding. Here the mean scores were 2.7 for ***Access to Funding*** and 2.5 for ***Use of Funds***.

Comments From Family Members

The written comments submitted by families give a more personal perspective of the program. Two hundred parents, (81% of the parents who responded to the survey) took the time to tell us what they liked most about the program. Comments focused on the quality of staff working in the Birth to 3 program, their support, kindness, help and knowledge. Many commented on how supportive the staff were, not only to the child in the program, but to the entire family. The value of programming in the home environment and one-to-one training were also specifically mentioned.

- **Our birth to 3 program's strength I feel is that all of the therapists work closely with each other and each reinforces what the other is trying to do.**
- **I love the way the program meets our needs, it works around our lives.**
- **They speak to me at my level, if they don't have an answer they find out for me.**
- **The individualized program for my child - the support we received as a family.**
- **We're involved with decisions and people listen to us so we can all work together.**

Comments From Providers

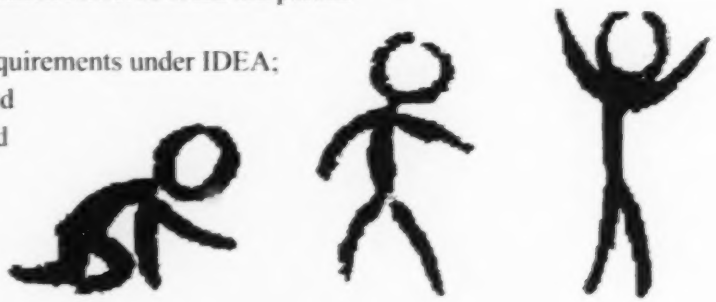
Providers' comments (65% offered written comments) focused on the importance of the program's family-centered approach, and that it is a state mandated program open to every family, that it exists in the home environment, and that it focuses on early intervention. Other comments centered on the value of multidisciplinary teams, the strengths-based program focus, and the emphasis on continued personal growth and ongoing education for staff.

- **The state staff has been very committed to hearing and acting on the concerns of families and local providers. I also love the commitment to sound philosophies that really prioritize families.**
- **Making a difference in the lives of a family.**
- **Working as a team member to provide the optimum in care and services for the child with disabilities.**
- **I think we deliver a more well-rounded program—and integrate many disciplines (education, nursing, therapies, social services and community services, such as library).**
- **The family's part in the process is important and the 0-3 program helps to keep families in the planning and implementation of goals.**
- **Makes a difference, uniform standards and availability, qualified staff.**

Issues and Actions

A few areas received mean scores of 2.3 or higher (indicating *less* satisfaction). These areas included: adequacy of funding (federal, state, county, and private); private insurance issues; provision of services in natural environments; and timely identification of families. After carefully considering the survey results, as well as information the committee had collected and their own work in the identification of strengths, systems needs, concerns, and possible action steps, the committee developed a list of ten recommended Outcomes to be addressed in a five-year Action Plan designed to improve the capacity and empowerment of families and the early intervention system in Wisconsin. The plan includes "Actions" that will:

- ensure that the program remains true to the Guiding Principles and Vision articulated by the state with guidance from the Interagency Coordinating Council;
- be consistent with the responses received from the parent and provider surveys;
- respond to the changing requirements under IDEA;
- have significant impact; and
- ensure the future health and stability of the program.



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Recommendations

Five of the ten recommended Outcomes were identified to be of highest priority:

Priority I: Services for Children Are Provided in Natural Environments

Priority II: Adequate State and Federal Funds Are Available to Support Mandated Services

Priority III: Private Insurance Appropriately Covers Early Intervention Services

Priority IV: The Comprehensive System of Personnel Development (CSPD) Adequately Addresses Current Preservice and Inservice Training Needs

Priority V: The Medical Community Is Knowledgeable about and Supportive of Early Intervention and Makes Early Referrals to the Program

The remaining Outcomes are not listed in any particular order:

- *Interagency Collaboration - The goal of bringing systems, resources, and funding together on behalf of young children and their families is evident in the activities of the state ICC and local coordinating councils.*
- *Families are actively involved in all program areas from service provision to policy development at the state and local level.*
- *Programming options are available statewide for children transitioning from Birth to 3 to early childhood special education during the summer.*
- *Resource information is shared between counties on contracts, memoranda of understanding, outreach efforts, transition models, etc.*
- *Families and the general public are aware of how to access the program and how the program works.*

Results of the Self-Study indicate that Wisconsin has done an excellent job in implementing the federal requirements. All required components are in place and both parents and providers are satisfied with the accomplishments of the program. Wisconsin has a lot to be proud of: the implementation of new polices and procedures, resource development, systems development, training of providers, and the provision of high quality early intervention services.

We are grateful to the members of the committee who invested so much time and energy in this project.

Self-Study Committee Members

Mr. Michael Allen, Birth to 3 Project Coordinator
Great Lakes Intertribal Council

Ms. Roxann Bornemann, Birth to 3 Coordinator
Langlade Health Care Center

Ms. Sue Chapman, Program Director
Achievement Center

Ms. Sue Cochran, Evaluation Analyst
DHFS - Office of Strategic Finance

Ms. Eileen Engl (ICC Rep.), DD Coordinator
Ozaukee County Dept. of Community Programs

Ms. Jill Haglund, Early Intervention Consultant
Department of Public Instruction

Ms. Ann Hains, Dept. of Exceptional Education
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Ms. Caroline Hoffman
Wisconsin Council on Developmental Disabilities

Mr. Chris Hribal
Planning and Development Coordinator
Kenosha County Department of Human Services

Ms. Vicky Johnson, Parent & Service Coordinator
Milwaukee Women's Center

Mr. C.W. King (ICC Rep.), County Director
Chippewa County Department of Human Services

Ms. Liz Kraniak, Birth to 3 & Family Support Coord.
CCSB, Milwaukee County Dept. of Human Services

Ms. Gail Krc, Assistant Evaluation Chief
DHFS - Office of Strategic Finance

Ms. Mary McLean, Dept. of Exceptional Education
UW-Milwaukee

Ms. Donna Miller, Program and Policy Specialist
DHFS - Birth to 3 Program

Ms. Susan Robbins, Self Study Coordinator
Waisman Center

Ms. Paula Rhyner, Dept. of Communicative Disorders
UW-Milwaukee

Ms. Roberta Sample
Parent and Advocate, former ICC Rep.

Mr. Dale Schleeter
Parent & ICC Rep.

Ms. Kim Sterling, DD Coordinator
Dodge Co. Human Services and Health Dept.

Ms. Norma Thompson, Program Director
CESA 2 - Therapeutic Learning Center

Mr. Bill Ton, Director of Special Education
Hayward (WI) Community Schools

Ms. Linda Tuchman (ICC Rep.)
Waisman Center

Ms. Meredith Washburn, Birth to 3 Coordinator
DHFS - Division of Health

Mr. Stacy Wigfield, (ICC Rep.) President/CEO
Regional Enterprises for Adults and Children, Inc.

Ms. Beth Wroblewski, Birth to 3 Coordinator
DHFS - Div. of Supportive Living

Ms. Mardelle Wuerger, R.N., M.S., Project Director
University of Wisconsin Medical School
Maternal and Child Health Education
and Training Institute

Program Review

Local programs continue to improve their ability to meet the needs of eligible children and families as mandated in federal and state law. The Program Review Process was developed and piloted last year. It is being used to assist counties in evaluating their programs and setting priorities for program growth. The Birth to 3 Program Review process provides meaningful and useful feedback to county administrative agencies. The process also provides the level of accountability required by the State of Wisconsin and U.S. Department of Education. Program reviews of local Birth to 3 Programs evaluate compliance to required program components and provide a measure of the local program's implementation of the underlying philosophy of the Birth to 3 Program.

Each month, one county is scheduled for an onsite visit from the State Birth to 3 review team. During the months before this visit, the county program puts considerable effort into the process of surveying parents and early intervention providers, and reviewing files, contracts and program materials. Each county has received a copy of the Program Review Guide that contains information about the review process, basic requirements of the Program Review Checklist, sample interview questions, and checklists for reviewing early intervention records and program materials. Counties complete the Program Review Checklist and summarize their program strengths and areas of concern.

At a minimum, the process for gathering information includes:

- review of a random sample of early intervention records;
- parent interviews, focus groups, and/or surveys;
- interviews with county and provider staff; and
- review of county and provider written materials such as procedure manuals, program policies, child find materials, personnel records, interagency agreements, and contracts.

Counties are encouraged to use other methods to gather information such as interviews or surveys of advisory committee members, the informed referral network, programs that receive children at transition, and other community agencies concerned with young children and their families.

After this thorough "self study" process, the State Birth to 3 Program review team conducts an onsite visit to review the findings of the county, provide feedback in the process, and assist in prioritizing next steps. A written report summarizes the findings of both the county and state review teams. The report highlights strengths of the program and may identify the need for further technical assistance. A corrective action plan is developed when the review discovers significant deficiencies or violations.

After the onsite visit, State Birth to 3 staff provide follow-up assistance. This may include sending materials, identifying consultants who could help a county address a problem, connecting county staff to others who have addressed similar concerns, providing direct technical assistance to a county, or planning a regional activity to directly assist more than one county addressing similar problems or concerns.

Each of Wisconsin's 72 counties will be reviewed once every five years. The following counties have completed the Program Review Process during the past year: Adams, Ashland, Brown, Clark, Dane, Fond du Lac, Jefferson, Manitowoc, Northern Pines (comprised of Barron, Burnett, Polk, Rusk, and Washburn), Ozaukee, Price, and St. Croix.

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County staff who have completed the Program Review Process describe the process as useful, resulting in a sense of direction for implementing changes. The findings of the process have been positive. County programs have done well in implementing the requirements of HFS 90. The counties reviewed meet most of the indicators of required practices in the Review Checklist as well as many of the indicators of quality programs. Surveys and interviews of parents have been positive. Overall, parents report a high level of satisfaction with their Birth to 3 services and appreciate the family-centered approach.

Providers and other community agencies surveyed also report positive perceptions of the Birth to 3 Program. In general, the program is viewed as helpful and respectful to families. A common concern has been the need for ongoing public awareness and the need to educate the medical community about the value of Birth to 3 and its philosophy.

New federal requirements strengthen the emphasis on providing services to children in environments in which children without delays or disabilities participate. Programs have made good progress in addressing specific challenges they face in their communities. The onsite visit by State staff has been an opportunity to talk with each county program about their needs for support and training in meeting this standard.

The State Birth to 3 staff provide training on topics of concern identified in the Program Review Process. For instance, the September 1998 Educational Teleconference Network (ETN) reviewed confidentiality requirements, the requirements for written notice to parents about their child's early intervention record, and procedures under state law for determining the need for a surrogate parent. Technical assistance has been provided statewide in the areas of mediation and transition as well.

Wisconsin's Birth to 3 Mediation System

To encourage early resolution of conflicts, the IDEA Amendments of 1997 mandate that all states offer mediation as a voluntary process for the resolution of early intervention disputes. The parties in early intervention mediation are the parents and the county administrative agency. The Department of Health and Family Services (DHFS) made mediation available for the early intervention system on July 1, 1998. DHFS developed the Birth to 3 Mediation System in cooperation with the Department of Public Instruction and the Wisconsin Special Education Mediation Project.

Mediation is facilitated negotiation in which a neutral third party, a mediator, helps the parties resolve their disputes in a private setting. Mediation is a voluntary process that allows families and counties to work to resolve areas of conflict. The process is collaborative and results-oriented. Mediation does not delay or deny the right to due process. While the dispute is being resolved, the child continues to receive early intervention services unless the parents and the county administrative agency agree otherwise.

Requesting Mediation

Either a parent or county administrative agency, or both, may initiate a request for mediation services with a written request to DHFS, using a *Request for Mediation* form or other format. The Birth to 3 Program then contacts the Wisconsin Special Education Mediation System (WSEMS) to coordinate case intake and referral. An impartial hearing does not need to be initiated in order to access mediation services. Mediation may not deny or delay a parent's rights to a hearing.

Mediators

A roster of qualified mediators is maintained by WSEMS. Mediators have completed a five-day intensive training program on special education law, early intervention, and mediation. The mediators are required to participate in at least one day of additional WSEMS training annually. The mediators are geographically distributed statewide and have a variety of mediation experiences.

Mediation Session

Unless both parties agree otherwise, mediation will begin within ten days after the mediator is appointed. The mediator contacts the parties to arrange the mediation at a neutral site and at a time convenient to all parties. The parties sign an agreement to mediate, which contains a confidentiality provision.

The mediator does not impose a decision on the parties, as is done in an impartial hearing, but rather assists the parties to work together to identify issues, generate options, and create their own solutions. Because mediation is voluntary, either party (or the mediator) may terminate mediation at any time.

Discussions that occur during the mediation process are confidential. The results of mediation cannot be used in the hearing process without the consent of both parties.

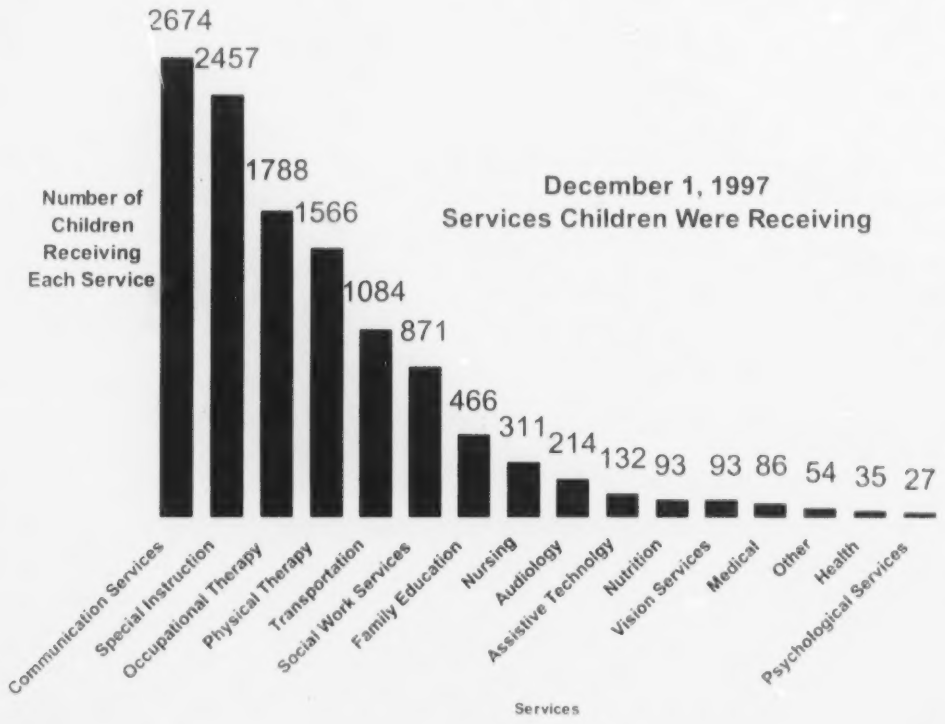
Written Agreement

If the parties resolve the dispute or a portion of the dispute, the mediator prepares a written agreement. The agreement is legally binding upon the parties and the implementation of the agreement is the responsibility of the parties.

December 1, 1997 Child Count

As required by federal Part C guidelines, Wisconsin conducts a child count on December 1st of each year. This section contains data from the 1997 Child Count.

On December 1, 1997, there were 3,887 children receiving Birth to 3 services in Wisconsin. This is an increase of 70 children, or 2%, from December 1, 1996. The charts on this and the following page show the kinds of services children were receiving overall, as well as within age groups, and the settings within which services were being provided. A complete report on all data from the child count can be obtained from the Birth to 3 Program (see back cover for details on how to contact Birth to 3). The chart below shows the types of early intervention services children were receiving in 1997 and the number of children receiving each service on December 1.



The first priority of the Self-Study outcomes is to ensure that services are provided to children in natural environments. In fact, Wisconsin regulations for the Birth to 3 Program specify that early intervention services are to be provided in natural environments, including the home and community settings where children without disabilities participate, unless the child's outcomes cannot be satisfactorily achieved in natural environments. This means providing services in a family and child's usual settings so that the child can learn and use their new skills in those settings. It also means providing opportunities for children without developmental delays or disabilities to form friendships with children receiving early intervention services.

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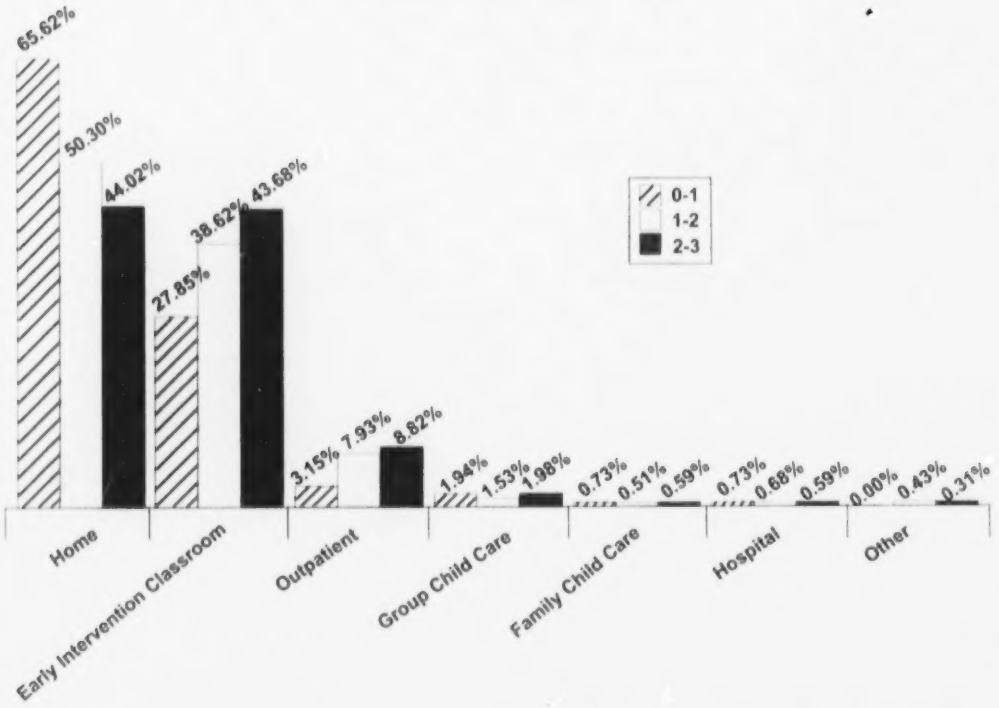
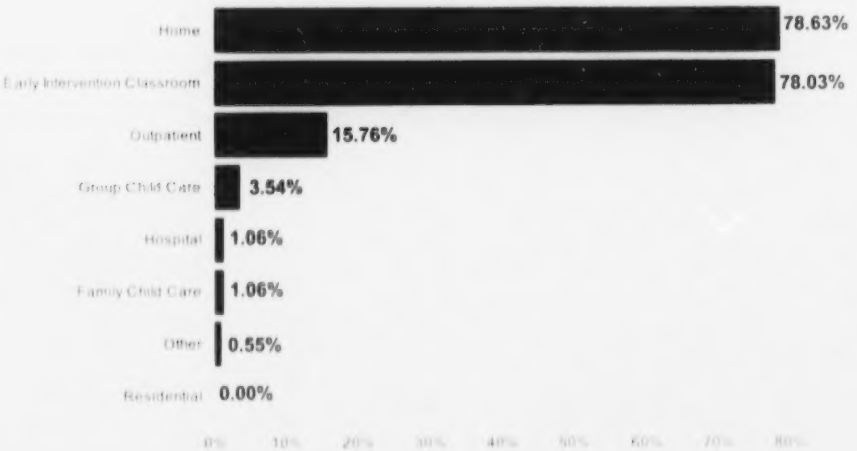
The charts on this page show the settings where children were receiving services on December 1, 1997, as well as the percentage, within age groups, of children receiving services in each setting. As the Wisconsin Birth to 3 Program defines and initiates steps to meet Priority One of the recommended Outcomes, we look forward to seeing the data in this area reflect the increasing provision of services in natural environments.

Frequency of Service Settings Within Age Groups



Frequency of Service Settings For All Age Groups



Personnel Development and Training

Personnel development activities were, for the most part, developed and coordinated by the Wisconsin Personnel Development Project (WPDP) under contract with the state Birth to 3 Program. WPDP is located in the Waisman Center, at the University of Wisconsin-Madison. The information that follows summarizes WPDP activities for major project goals in the areas of inservice workshops, parent projects, materials development, project evaluation, and collaboration with other agencies. In many cases, technologies such as ETN, video, or Internet were utilized to increase access to information and resources. All inservice and parent project activities were positively evaluated by participants.

Utilization of Technology

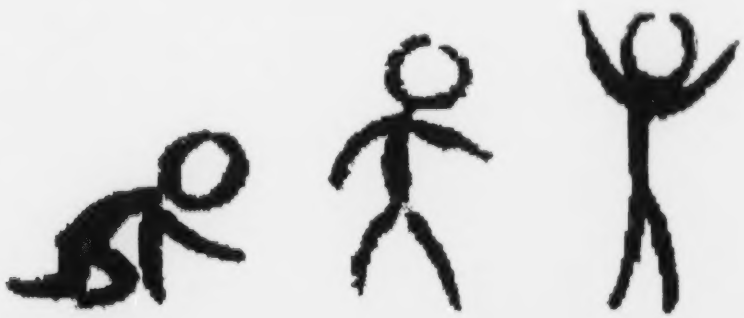
http://www.waisman.wisc.edu/earlyint/

The WPDP Web Site continued to be maintained and updated with information about the project (i.e., project description, WPDP workshops, *Birth to 6 EVENTS*, the *Birth to 3 Video Lending Library Catalog*). The Web Site also includes links to other informational resources about disabilities for providers and parents.

Inservice Workshops: WPDP Sponsored

Statewide:
282 Participants

- *Sensory Motor Interventions for Infants and Toddlers*
  Oconomowoc and Wisconsin Rapids, 38 counties, October and November, 1997
- *Orientation to Best Practices in Early Intervention*
  Oshkosh, 22 counties, November, 1997
- *Orientation to Best Practices in Early Intervention*
  Wisconsin Rapids, 9 counties, March, 1998
- *Challenging Behaviors: A Parent and Provider Dialogue on Effective Discipline for Young Children with Special Needs.*
  Eau Claire and Madison, 29 counties, May 1998



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Inservice Workshops: Collaboratively Sponsored

Statewide:
111 Participants

- *Orientation for Service Coordinators - Milwaukee County*
  Co-sponsors: Pathways Service Coordination Project, Penfield Children's Center, Milwaukee County Birth to 3, and WPDP
  Milwaukee, December, 1997 & January, 1998
- *Orientation for Service Coordinators - Statewide*
  Co-sponsors: Pathways Service Coordination Project and WPDP
  Wisconsin Rapids, April and May, 1998
- *Service Coordinator Organization - Kickoff Meeting*
  Co-sponsors: DHFS, Pathways, and WPDP
  Wisconsin Rapids, May, 1998
- *Considerations for Supervision*
  Co-sponsors: Portage Project, Pathways, and WPDP
  Madison, June, 1998
- *Multicultural Early Childhood Team Training*
  Co-sponsors: George Mason University, Parent Educational Advocacy Training Center, DHFS, and WPDP
  Milwaukee, September, 1998

Parent Projects

- *Parents as Leaders - Statewide*
  Sixteen parents participated in the Parents as Leaders (PALs) statewide program. Meetings were held October 3 & 4, November 7 & 8, 1997; January 16 & 17, March 27 & 28, and May 8 & 9, 1998.

Advisory Groups/Project Evaluation

- WPDP Planning and Evaluation Advisory Committee, including former members of the Parent Project Advisory Committee, met in September 1997 and March 1998.

- WPDP staff continued to participate in the work group for the Developmental Focus of Early Intervention Service Delivery to assist in developing guidelines.

Materials Development

- *Birth to 6 Events* Newsletter (*Birth to 3 EVENTS* was broadened to *Birth to 6 EVENTS* as a result of a new collaboration with the Department of Public Instruction.)
  Distributed in October 1997, February 1998, and May 1998 to 1614 subscribers.

- *Journeys* Parent Project News
  Distributed in Fall, Winter, and Spring to 573 subscribers.

- *Birth to 3 Video Lending Library*
  - Distributed the catalog to Birth to 3 Programs, Parent Support Groups/Organizations, Public Health, Public Schools (EC:EEN Program Support Teachers), and Perinatal Centers.
  - Filled 140 requests from 25 counties.
  - Complete catalog available on line via the WPDP Web Site at: http://www.waisman.edu/earlyint/ei_perso.html

- *Wisconsin's Birth to 3 Program Review Guide*
  - Draft completed and distributed to parents, county administrators and providers.
  - Assisted with reviews in Brown, Clark, and Ozaukee Counties with DHFS staff.

Technical Assistance/Program Review

- Participated in pilot testing of Program Review Guide in Door County with DHFS staff. Assisted with reviews of Brown, Clark, and Ozaukee Counties.
- Responded to requests for telephone technical assistance from providers and parents (e.g., send materials, connect to other providers or parents, problem-solve) on an ongoing basis.

Collaboration With Other Agencies and Programs

WPDP staff routinely collaborate with a variety of agencies and programs to represent the Birth to 3 perspective and to enhance opportunities for those in early intervention. Following are the agencies/programs with whom WPDP staff have ongoing collaborations.

STATE LEVEL

- Pathways Service Coordination Project;
- Wisconsin Council on Developmental Disabilities: participated on the Prevention Committee to identify strategies for the prevention of disabilities;
- Milwaukee County Birth to 3 Program: redesigned Milwaukee PALs to coordinate with Parent Provider Early Learning Network; piloted "Orientation for Service Coordinators" workshop;
- Maternal and Child Health Training Institute: coordinated through AHEC; participated on advisory/planning committee;
- Birth to 3 Interagency Coordinating Council representative;
- Parent Education Project;
- Early Education and Care Professional Development Team;
- Early Childhood Collaborating Partners;
- Department of Public Instruction: participated on planning groups; co-sponsored *Birth to 6 EVENTS* newsletter;
- Great Lakes Inter-Tribal Council;
- Wisconsin Division for Early Childhood;
- Portage Project;
- Mobilizing Partners; and
- Children's Long Term Care Redesign: Wisconsin Council on Developmental Disabilities and Wisconsin Dept. of Health and Family Services.

NATIONAL LEVEL

- SCRIPT, University of North Carolina;
- Early Childhood Research Institute;
- NEC*TAS;
- FACETS, Valdosta State University and Kansas University Affiliate Program; and
- George Mason University and Parent Educational Advocacy Training Center.

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Section III: Wisconsin's Interagency Coordinating Council Activities

The Birth to 3 Interagency Coordinating Council (ICC) continues to advise and assist the Birth to 3 Program in the implementation and evaluation of the early intervention system through its quarterly meetings. A special focus this year was to support the work of the Self-Study Committee. This committee evaluated the Birth to 3 Program in preparation for a monitoring visit by the federal Office of Special Education Programs scheduled for November of 1998. Several ICC members served on the Self-Study Committee and the committee reported on its progress to the ICC at its regular meetings.

ICC Strategic Planning

The ICC also considered many of the Self-Study Report findings in its strategic planning process as it set its main priorities for next year. Some of the key priorities the ICC identified in its strategic planning this year were: 1) Identify state and federal funding to support the Birth to 3 Program; 2) Pursue infrastructure and system building initiatives that support family-centered practices; 3) Support counties to provide services in natural environments; and 4) Review the Self-Study findings to support and guide initiatives of Wisconsin's Birth to 3 Program.

Council Structure

The Steering Committee sets the agenda for the ICC, and acts on behalf of the ICC between regularly scheduled meetings as necessary. The Steering Committee is comprised of the Chair and Vice-Chair of the ICC and three Council members elected by the ICC. The Steering Committee this year includes C.W. King (Chair), Stacy Wigfield (Vice-Chair), Mary K. Dominski, Dale Schleeter, and Eileen Engl.

New ICC Members

Additions to the newly reauthorized Individuals with Disabilities Education Act (IDEA) require the state ICC to have two new members representing Head Start, and the State agency for child care. New members appointed by the Governor this year include Kay Hendon, representing the State Agency for Child Care; Julia Herwig, representing Head Start; and Tom Sykora, representing the State Legislature.

Community Forums

The ICC Annual Meeting was held in Eau Claire at the Birth to Five Collaborative Conference. The ICC hosted three separate round table discussions this year, which included topics related to the reauthorization of the Individuals with Disabilities Act. Birth to 3 State staff and ICC representatives were at each table to give a brief overview of the changes in federal legislation and to facilitate discussion. Participants had the opportunity to move among all three round tables based on their personal interests.

Round Table Discussion Topics:

1. **Natural Environments**
   This round table included information about the updated federal regulations regarding services to infants and toddlers in natural environments and a discussion about how the state Birth to 3 Program can support counties and programs as we strive to serve children and families in their natural environments.

2. **Transition at Age Three**
   This round table included information about the new federal regulations regarding transition for children to early childhood special education or other community programs at age three. The round table featured a discussion about how the state Birth to 3 Program and the Department of Public Instruction can support counties and programs as we assist children and families to have successful transitions.

3. **Highly Mobile Families and Services in Rural and Urban Settings**
   This round table included information about the new federal requirements that personnel receive training in providing services to families who are highly mobile or who live in rural or urban areas. The discussion included issues counties and providers face in meeting the needs of these families and the types of support needed through in-service and pre-service training.

Council Membership FFY 97

Randy Blumer
Deputy Commissioner of Insurance
Madison

Allen Buechel
Fond du Lac County Executive
Fond du Lac

John Chapin
Administrator, DHFS Division of Health
Madison

Mary Dominski, M.D.
Dean Medical Center
Madison

Eileen Engl
Ozaukee Co. Dept. of Comm. Programs
Port Washington

Peter Fransee, Parent
Sun Prairie

Rachel Grant, Parent
Milwaukee

Kay Hendon
Child Care Coordinator, Dept. of Workforce Development
Madison

Julia Herwig
WI Head Start Collaboration Project
Madison

Linda Huffer
Executive Assistant, DHFS Div. of Supportive Living
Madison

C. W. King
Chippewa Co. Dept. of Human Services
Chippewa Falls

Juanita Pawlisch
Assistant Superintendent
Department of Public Instruction, Div. for Learning Support: Equity and Advocacy
Madison

Jessie Raymaker
Director, Children's Services
Cerebral Palsy, Inc.
Green Bay

Dale Schleeter, Parent
Hayward

Rep. Tom Sykora
Wisconsin State Assembly
Madison

Linda Tuchman
WI Personnel Development Project
Madison

Stacy Wigfield
Executive Director, REACH
Eau Claire

Birth to 3 Program Staff

Department of Health and Family Services
Division of Supportive Living

Mitchell Kremer
Birth to 3 Coordinator

Donna Miller
Special Education Coordinator and Policy Specialist

Beryl Gribbon-Fago
Birth to 3 Program Assistant

Department of Public Instruction
Division for Learning Support: Equity and Advocacy
Department of Public Instruction

Jill Haglund
Birth to 3 Liaison

Layout by Sandy Blakeney, Blakeney Word Design

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To receive a copy of this 1998 Annual Report, please contact:

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For information on Wisconsin's Birth to 3 Program throughout the year, visit us at:
http://www.dhfs.state.wi.us/disabilities/Developmental/birth.htm

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